Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012107	A. BUILDING: _____ B. WING _____	C 03/07/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODVIEW AL LLC	**3320 E STATE BLVD FORT WAYNE, IN 46805**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for Investigation of Complaint IN00125092. Complaint IN00125092 - Substantiated. No deficiencies related to the allegation are cited. Survey dates: March 7, 2013 Facility number: 012107 Provider number: 012107 AIM number: N/A Survey team: Sue Brooker RD TC Census bed type: Residential: 91 Total: 91 Census payor type: Other: 91 Total: 91 Sample: 4 Woodview AL LLC was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00125092. Quality review completed on March 8, 2013 by Randy Fry RN.	R 000		